



The City of Grove City, Ohio

4035 Broadway • Grove City, Ohio 43123
(614) 277-3000

APPLICATION

CITY OF GROVE CITY COMMUNITY REINVESTMENT AREA EXEMPTION PROGRAM

1. _____
Name of Property Owner
2. _____
Address and Tax Parcel Number of Subject Property
3. Exemption sought for: (check one) _____ New Structure _____ Remodeling
4. Construction cost: _____ Date of completion: _____
5. Does this project involve a structure of historical or architectural significance? Yes _____ No _____
If yes, attach written certification of such by the designating agency or authorized agent.
6. Number of jobs created due to this exemption (not applicable for residential property owners): _____

Date

Signature of Property Owner

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1. Tax Parcel Number: _____ Community Reinvestment Area: _____
2. Effective date of appropriate City resolution: _____
3. Verification of construction cost: New Structure: _____ Remodeling: _____
4. Project meets requirements for an exemption under ORC 3735.67: Yes _____ No _____
5. Project involves structure of historical or architectural significance: Yes _____ No _____
6. Period of exemption for this improvement: _____

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program.

Date

Housing Officer